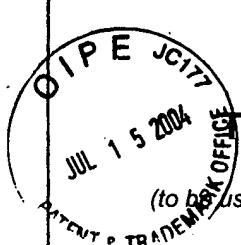
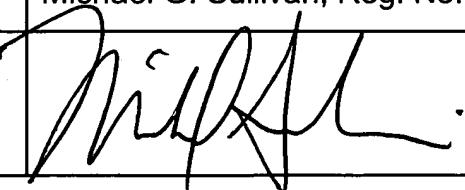


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 <p>TRANSMITTAL FORM (to be used for all correspondence after initial filing)</p>		<i>Complete if Known</i>	
		Application Number	09/864,873
		Filing Date	May 25, 2001
		First Named Inventor	John J. ROSSI et al.
		Examiner Name	Karen A. Lacourciere
		Group Art Unit	1635
Total Number of Pages in This Submission	Attorney Docket Number	1954-330	
ENCLOSURES (check all that apply)			

<input checked="" type="checkbox"/> Issue Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Allowance	<input type="checkbox"/> Petition 1.84(b)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Duplicate of Application for PTA Copy of 9/13/01 Submission Papers Copy of PAIR listing Corrected PTOL-85 Form
<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Application for Patent Term Adjustment	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

REMARKS:

SUBMITTED BY		Complete (if applicable)		
NAME AND REG. NUMBER	Michael G. Sullivan, Reg. No. 35,377			
SIGNATURE		DATE	7/15/04	DEPOSIT ACCOUNT USER ID 02-2135